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REPORT OF SURGICAL CASES TREATED AT THE BATTLES OF PEA RIDGE AND PRAIRIE GROVE, ARK.

PRIMARY AND SECONDARY AMPUTATIONS—RESECTIONS—EXSECTIONS, &c., &c.

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It is hoped that surgeons who treat their cases in private practice, with all the salutary influences of home, a pure atmosphere, careful nursing and a correct system of hygiene, will not be startled at the great mortality of cases—seemingly the most mild—treated in the army, under all the disadvantages we have to encounter in the field, where, under ordinary circumstances, the most necessary comforts of life are not available. Besides, during an engagement of any importance, the number of surgeons is never adequate to even give the wounded a casual examination, and apply temporary dressing to those requiring it, fast as they are carried from the field. When it is, especially at this time, that the most serious

wounds should be carefully examined—and where at all necessary—all capital operations performed. But upon this point even some army surgeons take issue, and spin fine theories in favor of secondary operations. But thus far, I have heard this opinion maintained mostly amongst those who have had little or no experience in military surgery. When, I think, every surgeon in the army who has had an opportunity of judging, must admit, that, in the great majority of cases, where amputation will probably be required, that it should be done immediately, before re-action is established; for in that peculiar condition of concussion immediately following a wound of such severity, the nervous system seems, in a measure, anæsthetized, and the patient will succumb much less to the operation, than at any reasonable period after the injury. Besides, it will be observed that re-action from both the wound and the amputation will be quite as readily established (except, perhaps, it be high up in the thigh) as it will after the secondary operation. In evidence of these facts, I have collected a number of cases to present which occurred at the battles of Pea Ridge and Prairie Grove, Arkansas.

At the time of the former engagement, on the 6th, 7th and 8th of March, 1862, I was connected with an Illinois regiment, and had under my immediate charge all the wounded of one brigade, amounting to 227; and there being an unusual scarcity of medical officers—no regiment having to exceed one—of course, it required all my time during the engagement to apply temporary dressings as the wounded came from the field. However, in a number of cases of wounds of the lower extremities, where the bones were badly comminuted, I amputated at once on the field. Of these, there were six cases of badly comminuted fracture of the tibia and fibula, from gunshot wounds, occurring in men of an average constitution, of those subsequently amputated. Also four cases of comminuted fracture of the femur, rendering amputation necessary at the middle third. Of those remaining, there were five with fracture of the leg at about the same point; and three

of the thigh, though less comminuted than the others, so as to indicate a probability, by conservative treatment, of restoring a union in the fractures. But afterwards deeming it expedient to perform the secondary operation, some weeks after the date of the injury—the comparative results were as follows: The six cases of primary amputation of the leg, all recovered without any remarkable symptoms, except in one case, in which secondary hæmorrhage appeared some five days after the operation, but with no evil results. Of the three cases of primary amputation of the femur two recovered, and one died four weeks after the operation from typhoid fever, but with the stump in good condition. Of the five cases of secondary amputation of the leg all died but one, and for quite a time I had almost despaired of saving him, but by the most diligent attention and his excellent constitution, he survived the fate of the others. Of the three secondary amputations at the femur all died. In all these cases of secondary amputation, sloughing of the stump and early prostration were the characteristic symptoms in every case, and in two cases of amputation at the leg, and one of the thigh—after the sloughing of the stumps had been considerable—secondary hæmorrhage ensued of an alarming nature, from the too early separation of the ligatures, and which required a second tying of the vessels, but without a very considerable loss of blood. In all these cases the secondary operation had the decided advantage. First, the wounds were not so severe, and the bones much less comminuted; inflicting a much less shock to the system; and at the time these cases were operated upon, they were in a comfortable—or rather comfortable—hospital, where at least they could have good attention and careful nursing, with a generous diet. While those operated upon first, were lying out of doors, in quite cold weather, for two days and nights with scarcely anything to eat, and but little medical attention, then were carried twenty miles in government wagons, to Cassville, Mo.

During the time of the engagement at Prairie Grove, on

the 7th Dec., 1862, the opportunity for performing primary operations was less favorable than at Pea Ridge, as all the wounded, amounting to 900, fell in the course of five hours, the medical officers had but time to place them in a comfortable position and apply such immediate dressings as they demanded; and being ordered the next morning to remove all the wounded without delay to Fayetteville, a distance of ten miles, which deprived the surgeons of performing such operations as seemed indeed imperative. However, in the field hospital of which I had charge, I performed two amputations at the middle of the thigh, for severely comminuted fracture of the femur, immediately after the wounds were received, before re-action was established, and while the patients were very much depressed from the concussion; both of these cases recovered without any sloughing of the flaps, or secondary hæmorrhage. In addition to these, I amputated at the same time three cases of comminuted fracture of the tibia, immediately below the knee joint, with equally favorable results, no untoward symptoms occurred and all had a speedy recovery. Of those who came under my immediate observation in the general hospital, at Fayetteville, where the operations were deferred until suppuration was established in the wounds and the constitution somewhat depressed, twelve cases of fractured femur were amputated at the middle and lower third of the thigh, under circumstances much more favorable than those amputated upon the field; yet, but one out of the twelve recovered. In every case, the flaps sloughed away so as to leave the bones denuded, and in five of them, secondary hæmorrhage ensued from sloughing of the vessels, so as to require a second ligation. One died from secondary hæmorrhage, and the remainder from prostration consequent upon repeated attacks of hæmorrhage, excessive sloughing, and suppuration of the stumps. In the case that recovered, the flaps entirely sloughed away, leaving about one inch and a half of the bone exposed, though not denuded of its periosteum, and by cutting away a margin of the granula-

tions around the bone and applying four strips of adhesive plaster twelve inches long and two inches in width, extending six inches above the edge of the stump, and attaching their free ends together, so as to apply extension over the foot of the bed, drawing the muscles forward so that granulations were soon thrown out over the end of the bone, and the patient recovered with a good stump.

Besides these cases of secondary amputation, there were eight of the leg operated upon at the same time, four of them at the upper third near the knee joint, three at the middle third and one at the lower third of the tibia, all of which were comminuted fractures of both bones, three of which had become gangrenous below the wounds at the time of the operation. But out of the eight, only two recovered, and they were of those amputated at the middle and lower third. In all these cases the flaps sloughed very early, and in two of those amputated at the middle third secondary hæmorrhage appeared on the fourth day, but was controlled by pressure and styptics. These cases resulted fatally from the same causes as those above mentioned of the thigh. These were all the cases that were under my control, and of which I kept any notes. But these results compare with the statements of all the surgeons in charge of the different wards in the city. However, I believe none performed any amputations upon the field, so as to make any data for a comparison between the primary and secondary operation. It is true, the few cases that have come under my observation, have not been sufficient to establish to a very great extent the proper practice in these cases, or prove very clearly this important principle in military surgery. But so far as they go, the comparative difference in the results of these cases, as I have stated them, are such as would be likely to influence the opinion of the surgeon under whose observation they occurred. And had the cases been hundreds, doubtless the comparative results would have been the same; and quite sufficient to influence the future practice of a proper observer.

The flap and circular operation performed in those cases of amputation at the thigh, seemed to possess but little advantage over each other. All the cases of secondary hæmorrhage occurred in the flap operation, from sloughing of the flap and artery, where the vessel was ligated in the flap; but in the circular operation, where the artery was retracted in the base of the stump, this accident did not occur, though the same amount of sloughing in the circular operation, of course, would leave a greater length of bone denuded—and, in this respect, the flap operation had the advantage.

The great proportion of mortality in all these cases would seem to indicate the necessity for a more conservative system of surgery, by properly adjusting the fracture with the most convenient apparatus, and by a judicious medication and diet, trusting the remainder of the case to nature. But even the results of this practice has not proven to be "conservative surgery," so far as my experience in the treatment of such cases has convinced me. After the battle of Pea Ridge, I selected from the hospital in my charge eight cases of fractured femurs, such as were the least comminuted, and indicated the most favorable prognosis. These cases were treated with different kinds of apparatus, owing to the peculiarity of the displacement of the fracture in each particular case. In one case, where there seemed to be no disposition to contraction of the muscles or sliding of the fragments, I dressed with a starch bandage, which seemed to keep the fragments in perfect apposition, and prevent the least mobility in the limb—this bandage, of course, had traps cut in it, so as to allow the pus to escape and the wound to be dressed; but union failed and the patient, after six months' suffering, died of debility and prostration. In all the other cases there was considerable contraction of the muscles with displacement of the fragments; two of them were dressed with Physic's splint, modified by the adhesive strips instead of the slipper; and instead of the perineal band, applied two long strips of adhesive plaster one on the front and the other on the posterior aspect of the

thigh, extending up, and passing through the mortice in the upper end of the splint. This means of counter extension, I found much preferable to the old method of applying this splint; it obviates that very extensive excoriation of the perineum, which in protracted cases is such an unpleasant consequence in the use of the perineal band. But these cases, too, failed to unite, and the patients died, one in four and the other in five months from the date of injury. In the remaining five cases, I applied moderate extension by means of adhesive strips applied to the leg, as in the dressing for Physic's splint. To the end of these strips was attached a cord, passing through a pulley fixed on the foot of the bed, with a weight attached proportionate to the amount of extension required, and the foot of the bed elevated from six to eight inches so as to prevent the patient sliding down in the bed. This dressing I found the most convenient and pleasant to the patient, the limb rarely requiring any other attention than merely to keep its under surface upon the same plane with the line of extension. But in all these cases—save one—union failed—abscesses formed—as in the other cases—between the muscles. the ends of the fragments became glazed with cartilage, and, in from three to five months the patients died of hectic and prostration. The one who recovered after a tedious confinement of sixteen weeks, finally got up with a firm union in the fracture and a shortening of but one inch.

In addition to these cases, I had also in the same ward six cases of compound fracture of the tibia and fibula, four at the middle and two at the lower third. In all of these cases the bones were very much comminuted, but being more superficial, I removed all the loose fragments of bone and applied the starch bandage soon as the swelling had sufficiently subsided, then allowed the patients to exercise on crutches soon as the dressing had become fixed. All of these cases recovered except one, who from a scrofulous habit and a cachectic condition of the constitution at the time of injury—union failed and the patient died in six weeks from hectic.

Bearing in mind the result of the cases of fractured femur at the battle of Pea Ridge, I had decided upon a different course of treatment, should I again have a similar class of cases. After the battle of Prairie Grove, in the ward to which I was assigned in the General Hospital at Fayetteville, besides those amputated, I had nine cases of compound fracture of the femur from musket balls, and all of which were more or less comminuted—equally so with those just described. One of these—the least comminuted—I treated on Smith's wire splint, as described by him in one of last year's numbers of the *American Journal of Medical Science*—without any interference whatever with the wound or fracture, and with a perfect success, it being also very pleasant to the patient, confining him much less than any other apparatus, besides its cleanliness and convenience in every respect. In the remainder, I removed all the fragments of broken bone from the wound, by making an incision into the wound sufficiently large to admit of the removal of the larger fragments, and in four of these cases turned out the ends of the bones, and with a saw and pair of forceps cut them almost, or quite, square, placing them in apposition again; with the aid of binders, boards, and a roller bound above and below the wound, was able to keep the limb in good position without counter extension, or any further dressing. All these four cases recovered with a firm union, in ten weeks from the time of injury. Of the remaining four, from which I only removed the fragments of bone, but two recovered, the other two suffered constantly from diarrhœa during their whole course of treatment, and at the end of eight weeks died from exhaustion, with but little effort at union in the fracture. However, out of the nine cases treated upon this plan, seven were successful; showing a much larger per cent. in its favor than the former method. The results in these cases, as well as several cases of exsection performed for fractures of the arm, would seem to indicate that this mode of practice is by far the most "conservative surgery," when in the great majority of cases

the chances of securing union by resection are two to one of saving life by amputation—especially in the lower extremities. And the chances of securing union with or without exsection are five to one in favor of the former.

This operation is equally, if not more successful in wounds of the upper, than in those of the lower extremities, as indicated by the following cases which occurred at the battle of Prairie Grove:

Col. J. C. B., 37th Ills. Inf., aged 24 years, wounded by a Minie ball passing through the left arm from behind forwards, fracturing the humerus at the junction of the middle with the lower third. The bone was very much comminuted, crushing one inch and a half of the shaft of the bone, breaking it into some half dozen fragments, besides the soft parts were considerably lacerated, and the wound extremely painful.

Treatment—Anodynes and stimulants for twenty-four hours with water dressing to the wound, and the limb kept in as easy a position as possible, when re-action came on with some febrile symptoms and an erysipelatous appearance about the wound.

Third day—Wound considerably inflamed and arm very much swollen, skin hot, face flushed, and pulse 92. Prescribed a saline cathartic, and cold water applied constantly to the arm, with an anodyne of Morphia at bed time.

Fourth day—Arm less painful, febrile symptoms subsided, and pulse 84. Prescribed three grains Dover's Powder every four hours.

Fifth day—Symptoms still subsiding; and on the tenth day all appearance of erysipelas had passed away, and the swelling very much reduced in the arm.

On the eleventh day, assisted by Medical Director Hubbard and others, I placed him under the influence of chloroform, and made a free incision five inches in length at the wound on the posterior aspect of the arm. After removing all the fragments of broken bone from the wound, turned out the fractured ends and removed their pointed extremities with

the bone forceps, which in all took away two and a quarter inches of the shaft of the bone. During the operation there was but little loss of blood, and after re-adjusting the bones in proper position placed the arm in an angular box, open at the top with an angle of 135 degrees at the elbow, extending from the hand to the shoulder, and lined with cotton on the inside so as to fit the shape of the arm, and hold it in an easy, but steady position. The piece on the outer side of the box extending from the shoulder to the elbow, made separate and fastened by hinges to the bottom of the box, so that when it was necessary to examine and dress the wound, it could be readily done by turning down the side of the box.

Some three hours after dressing the wound, and placing it in the box, I returned to my quarters, near a quarter of a mile distant, but was soon followed by a messenger in great haste, stating that the Colonel was bleeding to death. I returned immediately, and found that he had bled near three pints, and the blood still escaping from the wound at a fearful rate, but not with a jet such as would indicate that it came from a single artery of any size. (The brachial artery, of course, being avoided in the operation). I at once removed the dressing, and applied cold water to the wound, which with the aid of the atmospheric air, seemed to check the hæmorrhage for a time, but only to return with renewed force. I then made compression on the brachial artery with the thumb, but this seemed to have little effect upon it, as the hæmorrhage seemed to spring from the enlarged vessels of the collateral circulation given off about the shoulder and axilla. After this effort had failed, and the hæmorrhage still continuing at a fearful rate, I at once sent for counsel, and while the messenger was gone, filled the wound with a tampon of scraped lint, which seemed to restrain the bleeding for a few minutes, when it would well up and burst out again profuse as ever. By this time—although he was in a recumbent position—symptoms of syncope began to appear, with a pale and anxious expression in the face. At this time two surgeons arrived, who, on

a moment's reflection, decided to amputate at once. But I still felt a hope that the hæmorrhage might be controlled, and would not give my consent to amputate until we had made a further effort to stop the hæmorrhage; they could suggest no other means than what had been used, and decided that amputation was imperative and should be performed immediately as he was sinking rapidly. I then sent for some liquor ferri persulphatis, which I applied by saturating large pieces of sponge and introduced into the wound, so as to completely tampon it. This had a most happy effect—in less han fi vet minutes the hæmorrhage had entirely ceased, and in forty-eight hours removed the sponges without a particle of hæmorrhage occurring afterwards. Kept the arm fixed in the box above described for five weeks, when it was removed and union discovered to be quite firm in the fracture. I then dressed the arm with splints and a roller bandage from the elbow to the shoulder—leaving a gap at the wound. He soon after went on leave of absence to Danville, Ills., and returned in five weeks to resume his duties, with his arm firmly united, and no deformity except the shortening and an impaired use of the elbow joint from contraction of the muscles; but this difficulty is being rapidly obviated by the continued use of the arm.

Lieut. D. L. H., 26th Indiana Inf., aged 27 years, received two wounds at Prairie Grove. In one, the ball entered near by and to the right of the umbilicus, penetrating the external and internal abdominal muscles to the space between the latter and the transversalis muscle, then passing downwards and backwards a distance of six inches, to exit at the under margin of ribs. This wound produced very great concussion, and in a few moments the patient was in a collapsed condition, and while being carried from the field another ball struck him on the inner and anterior aspect of the right forearm three inches below the elbow joint, passing backwards and upwards through the upper end of the ulna to exit on the posterior s ace, opposite the base of the olecranon process, crushing

the head of the bone into small fragments, separating the olecranon and coronoid processes, allowing them to be retracted for some distance by their respective muscles. The orbicular ligament of the radius was also lacerated, so as to allow a dislocation of that bone forwards and outwards. In thirty-six hours after the injury, when re-action was well established, he was placed under the influence of chloroform, and a free incision five inches in length made longitudinally through the posterior wound, and all the loose fragments of bone removed, detaching the olecranon and coronoid processes from the tendons of the triceps and brachialis anticus muscles, then with the chain saw removed one inch and a half of the pointed end of the ulna, carrying away, in all, five inches of the upper end of the ulna including the articulation. During the operation—which required some fifteen minutes—there was but little loss of blood, (using care to avoid the radial and ulnar arteries), and the patient re-acted very readily after the influence of the chloroform had passed off, and the arm placed in an angular box similar to the one above described, excepting, that along the extent of the wound, the box was left open on the outside, so as to admit of water dressings being applied to the wound. The upper end of the box on the inner side was cut so as to fit close into the axilla, and two strips of adhesive plaster, each one and a half inches wide, placed, one on the top, and the other upon the inner side of the forearm extending up to the elbow joint, and attached by their lower free extremities to the lower end of the box at the hand; making sufficient counter-extension on the radius to reduce it, and hold it in its articulation without any further dressing. For twenty-four hours nothing unusual occurred in the wound and the patient in good spirits, when a most fearful hæmorrhage came on from the small arterial vessels opening into the wound, but by tamponing the wound with pieces of sponge saturated with Liq. ferri persulph., the hæmorrhage soon subsided, but left the patient quite faint, with considerable nausea and a disposition to vomit for some hours, and after the lapse

of thirty-six hours—the sponges having been removed from the wound—hæmorrhage came on again profuse as before, but another application of the styptic soon controlled the hæmorrhage, but left the patient very pale, faint, and constant nausea, with continued efforts at vomiting, and a most intolerable thirst, but could retain nothing on his stomach for five minutes at a time. Frequently the extremities were cold, the skin colorless and pulse frequent, but very feeble. This condition continued for four days, threatening very seriously the life of the patient, although there was no more return of the hæmorrhage, and by the constant use of alcoholic stimulants, kreosote, lime water and anodynes these symptoms gradually subsided, the wound commenced granulating with a healthy suppuration, and in eight weeks from the time of the operation had quite filled up and ceased discharging. The use of the arm, however, was very much impaired at first, owing to the large cicatrix in the wound after it had healed, there was a disposition to contraction of the muscles so as to prevent flexion and extension of the forearm, as well as pronation and supination to a considerable extent. But by a constant effort at the execution of these movements, this difficulty was much obviated, and on the first of April, when I saw him last, he had acquired quite good use of the arm, so much so as to be of very great service to him, though he will probably never acquire perfect use of the limb. However, its great utility will well repay the dangers he incurred in submitting to an effort to save it.

These particular cases I have given in detail, to indicate some of the worst contingencies that are likely to occur in the treatment of cases upon this plan, and which, indeed, very rarely present so many unpleasant symptoms in a single case, as the two described. Besides these, I performed resection of the radius on two cases at the elbow joint, removing three inches of the head of the bone. Also two cases of the ulna similar to the one just described, but with no untoward symptoms, and all had an early recovery, with limbs sufficiently

useful to perform any ordinary business. I had also three cases of exsection of the humerus, very similar to the one described above—but without any of the alarming symptoms attending that case—all of which recovered without any delay, and a complete union in the fracture with perfect use of the limbs, save the slight deformity from shortening.

This method of treating gunshot fractures does certainly seem to have a precedence over every other; both in saving life and preserving the usefulness of the limb. The patient is always more grateful to the surgeon who saves his limb, however much deformed it may be, than to the one who mutilated him, and prunes the limbs from his body, as is often done, just for the satisfaction of having performed an operation, that any butcher might do. This practice has been too common in the army by bloodthirsty surgeons; which to some extent accounts for the unnecessary number of mutilated soldiers who are sent home, as well as the great list of mortality in our military hospitals.

He is the best surgeon who saves the most lives, and performs the least number of amputations. This is "Conservative Surgery."

CALOMEL IN THE ARMY.

The Surgeon General of the United States Army has issued the following very extraordinary order:

SURGEON GENERAL'S OFFICE,
Washington, D. C., May 1, 1863.

1. From the reports of medical inspectors and the sanitary reports to this office, it appears that the administration of calomel has so frequently been pushed to excess by military surgeons as to call for prompt steps by this office to correct this abuse; an abuse the melancholy effects of which, as officially reported, have exhibited themselves not only in innumerable cases of profuse salivation, but in the not infrequent occurrence of mercurial gangrene.

It seeming impossible in any other manner to properly restrict the use of this powerful agent, it is directed that it be struck from the supply-table, and that no further requisitions for this medicine be approved by medical directors. This is done with the more confidence, as modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered.

2. The records of this office having conclusively proved that diseases prevalent in the army may be treated as efficiently without tartar emetic as therewith, and the fact of its remaining upon the supply-table being a tacit invitation to its use, tartar-emetic is also struck from the supply-table of the army.

No doubt can exist that more harm has resulted from the misuse of both these agents in the treatment of disease, than benefit from their proper administration.

W. A. HAMMOND, Surgeon General.

MR. EDITOR:—The above "order" will possibly create more discussion and feeling than any one issued, from a subordinate department, during the war. It asserts, as *fact*, from "reports of medical inspectors and the sanitary reports to this office," sources of supposed knowledge and information—that which the public at large, and the medical profession will be startled at reading—without naming the department, or *who are* the "military surgeons" who have committed the "*abuse*," the public at large and the profession are required to believe, from the remedy proposed, that *every surgeon and every department* has been guilty of "abuse," and the means of preventing future evil would impress the *fact* as a *general charge* by withholding from *all* "this powerful agent." The Surgeon General by this order does not propose to correct, modify, or amend the evil—but radically to destroy the *agent* or *source* of the evil. For three thousand years the most gifted minds have been investigating nature for agencies in the cure and prevention of diseases, and the motto "*Ubi virus ibi virtus*" is now regarded as an axiomatic fact. The *potentive agency* of any remedy has never before been regarded with disfavor—on the contrary, pharmacy, for fifty years, has busied its votaries with the *one* and most desirable demand—*potency, dynamia, concentration.* Discard from every remedy effete

ingredients—Morphia, Quina, Strychnia, Hyd. Acid, &c., is the result and boast of the research. No educated surgeon would discard a remedy because of its powers—for he knows its usefulness consists in its *power*. The risibility of an educated man is excited by the quintillionth part of a grain of charcoal from the want of *potency*. Why then should his fears be alarmed when dealing with agencies, whose power he can calculate, and over whose power he has complete control? This education and acquisition of knowledge makes the distinction in life and qualifies men for stations that all other guards would render dangerous to themselves and others. Why educate physicians, engineers, pilots, &c., &c., if it be for any other purpose than to acquaint them with powerful agents, and so to restrain and subdue those agents as to make them subservient to man's advantage? Electricity is a "powerful agent," yet it is guided on wires and made to "tick out" news of great and startling import. Steam, the most "powerful agent," has added to man's happiness, and extended blessings with a more liberal hand than any discovery of either ancient or modern times, yet its *power* is its utility, and by education and restraint this "powerful agent" is made man's servant and greatest benefactor. I will not pursue this subject, as its full elimination would strike from the list of remedies Opium, Chloroform, Digitalis, Veratria, Quinine, and a host of most "powerful agents," and leave us only such as from their impotency would produce neither results for good nor evil. I can not conceive the Surgeon General meant that Calomel and Tart. Ant. were the only "powerful agents," and consequently struck them from the list, but that they were powerful and therefore should be stricken off. Why should others of equal power be retained? Because they are useful, would be the reply. In what consists their usefulness? Their *power*, because if *powerless* they would be *useless*. Ergo, all "powerful agents" should be stricken from the supply table. I would respectively assert that Tinct. Ver. Viride is more *dangerous* because more *pow-*

erful than either Calomel or Tart. Ant., and a use of the remedy will illustrate this assertion.

In all our Western States an Examining Board was instituted by law, and is now in session daily exami ning candidates. I know several of these Boards and was examined myself. All these Boards are men of equal medical and surgical knowledge, and in two Boards with whom I am acquainted are men not surpassed in acquirements in this or any other country. These men are competent, honest and conscientious—and to charge the military surgeons indirectly or directly with ignorance and abuse of the use of "powerful remedies" is to censure the action of these Boards. That there are men in the army equal to those in private practice is not saying too much—that ignorance and abuse of any remedy to any extent exists in the army is saying what neither the "*medical inspectors*" *nor the sanitary reports* can prove. It but accords with the reports of the use and confiscation by Army Surgeons of food and clothes sent by the public for the use of the sick. Few months since, every newspaper was full of reports of these "rascalities," and no men since the war have so liberally shared public scandal and falsehood as the surgeons. Selected from the very highest positions in society—men of acknowledged qualifications, they have borne more calumny and suffered more in personal and professional reputation than any other department. The public are too prone to believe the statements of bad men, and the pale and emaciated returned soldier in his recounting of his escapes and suffering never fails to enter a deep and damning record against the surgeon, whose skill has saved his life, and whose only fault was not giving him what was not supplied; or withholding from a diseased and capricious appetite that which would have destroyed his life. These are the sources of abuse—and moreover, in the anxiety to do good and in the ignorance of what way to consummate the desire, the sanitary visitors find in all hospitals and camps, a man who, while he appreciates the motives, knows the results and interdicts officious interference.

After the battle of Shiloh, a number of good men and good women visited the camps—many, very many, God bless them, were efficient, patient and useful—many others knew too much for a nurse and not enough for a surgeon and returned in ineffable disgust, criticising every thing, from the manner in which the battle was fought to the treatment of the wounded, and, in some instances, assumed the control of boats, hospitals and tents, to the exclusion of all outsiders.

From such sources the Surgeon General obtained his information. Of this class was not the Governor of this State. He came, took off his coat, asked for work, took advice and followed it, and has acquired a reputation, and deservedly so, that will outlive his highest official actions. If he found any thing deficient, or wrong, he supplied the deficiency and corrected the wrong. Another, and from an equally unqualified a source as these, in the Western and Mississippi Department was from Medical Inspectors—or what is of the same class, Brigade Surgeons, Medical Directors, &c., &c. I saw fifteen during my stay in the army; thirteen of these were from north of the Connecticut river. They were sent to manage the surgeons of the Mississippi. Not one of these thirteen had seen a case of intermittent fever generated in the locality where they practised, as no case of intermittent has occurred north of Connecticut river during their natural lives. These reports to the Surgeon General are made by men whose knowledge of western diseases was acquired from daily visits to camps, and if in them some abuse of Calomel were found (and that there were such cases there can be no doubt), these cases were magnified until a "pressure" too great for the shoulders of the Surgeon General was brought to bear and in an unguarded moment, he has perpetrated a slander on his profession, and has arraigned indirectly men who are his peers in the profession although they do not wear his shoulder straps.

To directly arraign the whole number of military surgeons from such sources of information is unkind and unjust, and the Surgeon General will repeal this order and make either

an explanation or an apology for its issue. He begins at the wrong end—interdicts the "powerful agents," but leaves the inferential stupid apes in positions where they can obtain for a trifling sum, on private account, any quantity of these—and more—have in their hands and will use (if stupidly they use these two "powerful agents,") agents more potential than either. Why not privately address the offending parties and give them warning and a means of defense—rather than sweepingly include all. I have lived through two medical reforms and was seeing the rapid disappearance of another less dangerous, because more harmless, but never before has come from the head of the profession (or at least he should be) so sweeping a charge for the enemies of legitimate medicine as this order.* He demands effects without causes—brick without straw—responsibility—yet cripples resources. It certainly means no surgeon shall use Calomel or Tart. Ant., or why strike them from the supply? If, therefore, any one, in the treatment of Syphilis, should use Calomel—or in Pneumonia, Tart. Ant.—he disobeys the spirit of this order, and would be liable to censure. Should, however, the case of Syphilis, which all know to be amenable to Calomel, terminate in secondary and fatal symptoms—should the Pneumonia from the first stage of congestion and inflammation run to the second one of hepatization, and the third of softening, and Tart. Ant. (who all know, in and out of the army,) could have controlled it in its first stage, be withheld, who is responsible? Surely not the army surgeon, as he has not had the remedy furnished, and in its denial, interdicted its use. As a friend of the Army, as the friend of the Army Surgeon, and the friend of the Surgeon General, we say, let no such interdiction exist. Give all means for combatting disease and hold men responsible. These acts are as reasonable as the

* This morning, a noted Thompsonian said, in my presence, "that Sam'l. Thompson was vindicated in his opposition to *Mercury* by the highest American authority." A little pill doctor in this city is willing to bet a hat "in sixty days an order will be issued to restrain the use of a number of *Allopathic remedies* and the introduction of Homœopathic practice."

man who refused to allow his son to learn to write because he might commit forgery.

Had this order emanated from General Hascall, we would not have been surprised, but coming from one appointed over his seniors—one who had taught his profession, and one in whose hands the honor and fame of its usefulness are placed—it is strange that some other mode was not used to remedy an alleged evil than the degradation and insult of all the surgeons in the army.

That something will be said of this order in the coming U. S. Medical Convention, I do not entertain a doubt. We look to this body for protection, and if I mistake not the temper and character of its members, there will be a settlement of this and several other evils under which the profession has labored during this war—until then *nous verrons*.

I will resume this subject in your next number if the order be not withdrawn. Yours,

A SURGEON.

SELECTED.

CASES ILLUSTRATIVE OF THE SO-CALLED "CONGESTIVE FEVER," OR CEREBRO-SPINAL AFFECTION

WHICH HAS RECENTLY APPEARED IN THE CAMPS IN AND AROUND THE TOWN OF NEWBERN, N. C.

By J. BAXTER UPHAM, M. D., Surgeon in Charge of Stanly Gen. Hospital, Eighteenth Army Corps.

I propose, in the present paper, to give, in outline, a few brief notes of the cases of this affection as it has presented itself in hospital during the last two or three months. The

disease (so far as I can learn) has, in every case, originated in the camps adjacent to the town, whence it has been brought into the hospital at an earlier or later stage of its progress. The records here submitted are from the note-books of my associates on the medical and surgical staff of the Hospital, and the autopsies were made—under my own inspection mostly—by the attending surgeons in whose wards they occurred.

The four cases first adduced were in the service and under the care of Assistant Surgeon J. Q. A. Meredith, of the 103d Regiment Penn. Vols.

Case I.—J. M., a private, aged 19, was admitted to Hospital on the evening of January 16th, in a moribund condition. No previous history of his case could be obtained, further than that he had been attacked the night before, suddenly and violently. When admitted, he was unconscious, having frequent epileptic spasms; frothing at the mouth; pupils insensible to light. Tonics and stimulants, in large doses, were prescribed, and stimulating injections were administered; these last were not retained, but brought away immediately large quantities of hardened fæces. Sinapisms were applied over various parts of the body and limbs.

17th.—No improvement; skin moist and moderately warm; pulse 160, irregular, soft and very compressible; spasms growing worse; stimulants assiduously employed. Died, without a sigh, at 4 P. M.

Autopsy, twenty hours after death. *Head*—Investing membranes of the brain were found much congested—the substances of the brain itself slightly so, with a deposit of pus-colored fluid within the ventricles and at the base of the brain, and upon the lobes of the cerebellum. *Chest*—Lungs greatly congested; more posteriorly than anteriorly. Heart normal in size, with a deposit of lymph in both ventricles. Stomach healthy. Liver normal. Spleen of natural size and highly congested. Kidneys and Peyer's glands healthy.

Case II.—J. C., a private, aged 17, was admitted to Hospital Jan. 10th. No statement of his previous condition received. When admitted, he was in a high state of delirium, with a hot and arid skin; tongue dry and almost impossible to protrude; abdomen tympanitic; pulse frequent and feeble; surface of a livid color. He had involuntary discharges from the bowels, of a blackish hue. His respiration was hurried and difficult; extremities cold. Prescribed pil. hydrarg., gr. i. every hour; quinia, gr. ij. every two hours. Hot applica-

tions to back, abdomen and extremities. Whiskey and beef-tea.

Jan. 12th.—No abatement in virulence of symptoms. Continued pil. hydrarg., with an equal amount of pulv. ipecac. every hour. Quinia, grs. iij., every two hours. Continued whiskey, beef-tea and hot applications.

13th.—Growing worse; constant muttering and occasional exclamations. Continued treatment, adding neutral mixture and acid drinks, with sinapisms to chest.

14th.—No improvement. Applied blister to chest and back of neck. Quinia, gr. v., every two hours. Morphia at bed time, to check diarrhœa.

15th.—Moribund. Died at 4 P. M.

Autopsy, twenty hours after death. Body small, spare, somewhat below the medium size; external appearance of a dark livid hue. *Head*—Upon removing the calvarium, the investing membranes of the brain were found to be somewhat congested. On cutting into the substance of the brain, some points of blood exuded, more prominent than natural. The arachnoid presented a slightly clouded appearance. In other respects normal. *Chest*—Heart normal; lungs greatly engorged, more so in posterior and dependent portion, where were found circumscribed spots of discoloration, varying in size from that of a split pea to a five-cent piece, resembling somewhat the condition of pulmonary apoplexy. The same appearance, though less marked, anteriorly. *Abdomen*—Spleen nearly double its natural size, greatly engorged with blood. Liver slightly enlarged and somewhat congested. Kidneys normal. Stomach healthy. Peyer's patches in a few instances more prominent than natural, friable, apparently, with, in one case, ulcerative points; not having, however, the legitimate appearance recognized in typhoid fever. Other organs healthy.

Case III.—C. B., private, aged 18, was admitted into Hospital Jan. 16th, in a moribund condition. He had been on duty the day previous, and was attacked in the afternoon with chills, headache and delirium. Cups were applied to the back of the neck, and cathartics and quinine were administered freely. Upon entering the hospital, his breathing was irregular, difficult and accompanied with groaning; 44 inspirations in a minute. His pulse was imperceptible. There was a mottled appearance of the skin, approaching petechia. Percussion of chest clear anteriorly; the extremely low condition of the patient precluded percussion posteriorly. Directed enema

of spts. vini gallici, ℥ iv.; ol. terebinth., ℥ i. M. Whiskey and quinine to be given freely. Sinapisms applied to back of neck, spine, abdomen and extremities.

The patient died at 4 o'clock P. M.

Autopsy, twenty hours after death. Body of medium size and well developed. *Head*—Brain but slightly congested in its substance, having at its base a deposit or exudation of tenacious consistence, presenting much the appearance of false membrane, conjoined with a pus-colored fluid, most noticeable and abundant around the origin of the nerves of sense and on the base of the cerebellum. The same substance also occurred in the ventricles. No alteration in the texture of the brain itself. *Chest*—Lungs extensively congested, more posteriorly than anteriorly; the upper portion interspersed with tuberculous deposits; the lungs were generally crepitant, with well-defined spots, resembling those of pulmonary apoplexy. Heart normal in size, with extensive deposits of lymph in both ventricles. Old adhesions of both lungs to pleura, and of left to diaphragm. *Abdomen*—Liver enlarged and congested. Stomach healthy. Spleen enlarged to double its natural size, and greatly congested. Kidneys normal. Intestines healthy. No alteration of Peyer's patches.

Case IV.—S. P., a private, aged 32, was brought to Hospital Jan. 16th, in a moribund state. No history of his previous condition given, though we learned from his comrades that he was attacked suddenly the day before. Quinine and whiskey, with capsicum, administered in free doses. Brandy and spirits of turpentine given in enema.

Jan. 17th.—Patient this morning was lying on his right side, his head thrown back, groaning heavily, giving indications of great pain. He was roused with difficulty. His skin was moist and moderately warm; sordes on teeth; tongue dry and inclined to black; pulse 120, weak and compressible, inclined to intermit; petechial eruption on limbs; percussion good in front, flat posteriorly. Treatment of previous day continued. Sinapisms also applied to back of neck and chest, abdomen and calves of legs.

Evening.—Growing worse; powers rapidly failing; totally unconscious and insensible. Same treatment continued with more vigor, accompanied with frictions along the spine.

Jan. 18th.—Died at 7 A. M.

Autopsy, six hours after death (conducted by Dr. Fisher, Assistant Surgeon of the 44th Mass.) Cadaver of good size, well developed; no emaciation. Rigor mortis very strongly

marked. A few petechial spots are to be seen upon the arms and hands. *Head*—On removal of the calvarium signs of congestion were apparent, the veins of the investing membranes being considerably engorged, beneath which a purulent lymph-like substance was observed, thinly spread over the surface of the brain—upon the base and between the lobes of the cerebellum particularly—and, in greater abundance, about the origin of the nerves, and upon the surface of the medulla oblongata. The same substance was also seen in the lateral ventricles, being here more opaque and thickened than elsewhere. The substance of the brain itself was apparently normal. *Chest*—Lungs moderately congested, more posteriorly than anteriorly, crepitant throughout; old adhesions upon the left lung. Upon opening the pericardium, an abundance of diffluent lymph, easily washed away with water, was observed; its inner surface uniformly congested. The ventricles of the heart were filled with dark fluid blood, which subsequently clotted in the basin. There were no fibrinous deposits; size and texture of heart normal. *Abdomen*—Stomach not examined. Liver normal in size and appearance. Spleen enlarged and slightly softened; of a deep maroon color. Kidneys normal. Small intestines, in the space of two feet from cœcum, showed Peyer's glands, in one or two instances, more prominent than natural; in one case, some loss of substance, not amounting to ulceration; one or two patches a little raised or thickened perhaps. No redness or congestion of the mucous membrane.

The cases which follow occurred in the wards under the charge of Dr. J. B. Treadwell, Ass't. Surgeon of the 45th Mass. Vols.

Case V.—J. M., a private, aged 21, was received into Hospital on the 14th of January, in an algid condition, exhausted and delirious. The statement of his regimental surgeon, Dr. Robert Ware, is to the effect that he was seized, on the 12th, with a chill, followed by high febrile excitement, with a full pulse, and, at first, a hot skin; soon after became delirious. He had been treated with full doses of quinine, the free administration of stimulants, and cupping at the back of the neck. A similar line of treatment was continued on his admission to the Hospital.

Jan. 15th.—Passed an unquiet night, with but little sleep. There was constant muttering delirium and jactitation; pulse 80, very weak; skin cool and moist; respiration quiet; bowels open; marked subsultus tendinum.

Evening.—Symptoms much the same, but aggravated. Died at 12 o'clock, midnight.

Autopsy, twelve hours after death. Body well developed; no emaciation; rigidity about as usual. *Head*—Both ventricles of the brain were greatly distended with a semi-opaque fluid, having a pus-like deposit at the bottom. This same deposit was also manifest at the base of the cerebellum, and entangled about the origin of the nerves of sense, where it was abundant, lymph-like, somewhat tenacious, much resembling false membrane in appearance, and could be traced onward, by carefully unfolding the convolutions, into both lateral ventricles. *Chest*—About three ounces of fluid were found in the pericardial cavity. Heart below the normal size; mitral valves a little thickened; very firm adhesion of the pleural surface throughout the whole of the left side. Right lung, with the exception of a small portion of anterior lobe, congested. Left lung one-third smaller than natural—the result of disease. *Abdomen*—Liver of natural size; external appearance good; interlocular veins somewhat congested. Spleen normal. Kidneys healthy. Stomach slightly congested, with cadaveric softening along its greater curvature. Peyer's patches appeared slightly engorged and enlarged, and were more prominent than natural.

Case VI.—G. B., a private, aged 21, was received into Hospital in evening of the 19th of January. The statement of his regimental surgeon, Dr. Robert Ware, was as follows: "Patient was attacked suddenly with symptoms of a severe cold, and some disposition to paralysis of the tongue and muscles of the face. He was treated with quinine in half-drachm doses, stimulants and beef-tea, and was cupped to the extent of five ounces at the back of the neck. Reaction came on, though incompletely.

"Jan. 19th.—Same treatment continued, but he has become gradually worse, and, since noon, delirious."

Evening.—Patient, on admission into Hospital, appeared in a state of complete exhaustion, almost amounting to collapse, death following immediately.

Autopsy, twelve hours after death. Body of medium size, but little emaciated. Rigor Mortis great. Arms, chest and legs studded with petechial spots, of one, two and three lines in diameter. *Head*—The membranes of the brain but little, if any, congested. Slight cloudiness on the superior surface visible through the membranes; a little opacity of the arachnoid noticed; otherwise nothing abnormal. *Chest*—Lungs

more than usually engorged, especially at dependent and posterior portions; crepitant throughout. The pericardium contained six or eight ounces of sero-purulent fluid, holding in suspension masses of flocculent lymph; both surfaces covered with a layer of lymph, of sufficient thickness and consistency to be torn off like a membrane, having the appearance, in fact, of genuine false membrane; some fibrinous clots in the ventricles, and thickening of the mitral valves. *Abdomen*—The liver, spleen and kidneys were normal; mucous membrane of stomach and intestines also natural. Peyer's patches healthy.

Case VII.—O. W. W., a private, aged 22, was suddenly attacked, according to the statement of his regimental surgeon (Dr. Newton), on the 13th of January, with violent headache, accompanied with hot skin and full pulse.

14th.—All symptoms aggravated, with retention of urine.

Jan. 15th.—Admitted to Hospital in a state of high febrile excitement; pulse 70, full and moderately strong; hot skin; dusky hue of face; easy respiration; much delirium, patient frequently attempting to get out of bed. Prescribed wine, ℥ i. every two hours; quinine, gr. vi. every three hours; also, hyd. chlor. mit., gr. xv., to be taken at once, to be followed in three hours with carb. ammon., gr. v. Delirium still increased; skin became cool and moist, with less febrile excitement. [The further notes of this case have been mislaid.] All symptoms, however, became rapidly aggravated; delirium gave way to symptoms bordering on coma; the respiration became hurried; involuntary discharges increased, and the patient died, with but slight signs of exhaustion, on the 22d of January.

Autopsy, four hours after death. Subject of medium size. No petechiæ (a few spots had appeared, during his illness, upon the left forearm). No rigor mortis. *Head*—Dura mater healthy; upper surface of brain slightly engorged; on the base of the brain, around the origin of the nerves of sense, and upon the medulla oblongata especially (sheathing this latter completely), was observed a deposit of consistent, pus like lymph of about two lines in thickness, extending also into the crevices of the brain and cerebellum. On opening the ventricles, a gush of dirty, semi-opaque fluid exuded, and, at the bottom and posterior parts, flakes of lymph were seen. The right lateral ventricle contained, in its posterior part, about a drachm of this lymph-like matter. *Chest*—Heart normal. The left lung of slate color, and has on its posterior aspect a

hepatized look and feel. Bronchiæ filled with tenacious lymph-like substance, of a consistency sufficient, in some parts, to be drawn out by the forceps. The lung, indeed, was in a state of red hepatization. *Abdomen*—Stomach healthy. Liver of normal size, a little congested. Gall-bladder distended with dark fluid bile. Kidneys natural. Spleen very small, not congested, of lighter color than natural. Peyer's patches natural.

Case VIII.—D. N. H., a private, 18 years of age, was admitted to Hospital on the 13th of January. His previous circumstances and condition, according to the statement presented by his regimental surgeon, Dr. Kneeland, were as follows: "Patient was of nervous temperament and of rather slight figure—had always enjoyed good health up to the present time. In the forenoon of January 28th, had a slight chill, which was succeeded by violent headache and pain in back and limbs; he had slight epistaxis; urine was scanty and high colored. ℞. Ol. ricini, ℥ i. ℞. Spts. eth. nit., ʒ i., every two hours.

"29th.—No better; all symptoms increased in severity; complains of ringing in ears; pulse full and frequent; tongue furred; some cough. Treatment continued."

30th.—Had, on admission to Hospital, the following symptoms: Skin hot and dry; severe headache, particularly in occipital region; head thrown back; tongue dry, and dark colored in centre, with white edges; abdomen natural; extremely violent delirium. ℞. Liq. ammon. acet., spts. eth. nit., aqua camph., aa ℥ i.; chloroform, ʒ ss. M. S. ʒ ii. every two hours. Sinapisms to feet. Beef-tea and farinaceous diet.

31st.—Rather more quiet. Symptoms, with the exception of delirium, quite as marked as yesterday. Rather profuse epistaxis. ℞. Ol. terebinth., ʒ iv.; syr. simp., ℥ i. M. S. ʒ i. every three hours.

Feb. 1st.—No better; slight diarrhœa; pulse 124, less full. ℞. Quiniæ sulph., ʒ ss.; acid. sulph. arom., gtt. xv.; aqua font., ʒ x. M. S. ʒ i. ter in die.

2d.—Delirium less active; expresses himself better; diarrhœa increased. ℞. Plumbi acet., gr. xviii.; opii pulu., gr. v. M. Div. in pil. No. vi. S. One after second discharge.

3d.—About the same as yesterday; cough rather troublesome; sibilant rales heard over both breasts; sordes on teeth. ℞. Pulv. ipecac. es opii, ʒ ss. Div. in ch. No. 6. One every four hours. Continue treatment.

4th.—Febrile symptoms very much diminished; pulse 100, weak; skin cool and moist; answers quite readily. Omit prescription of January 30th. ℞. Vin. alb., ℥ i., every four hours. Continue treatment.

5th.—Much the same as yesterday; gurgling in the right iliac fossa. Continue treatment.

6th.—Seemed rather stupid; muttering delirium; no diarrhœa. Omit prescriptions of Feb. 2d and 3d.

7th.—About the same; rather weaker; several spots on abdomen. Increase wine to ℥ iss. every three hours.

8th.—Comatose; does not answer questions. Continue wine, turpentine and quinine.

9th.—No better; pulse 90, rather weak; tongue discolored, dry and thickly furred. Continue treatment.

10th.—Died at 4 o'clock P. M., apparently but little exhausted.

11th.—*Autopsy*, fourteen hours after death. *Head*—Slight injection of vessels of cerebral membrane. Lateral ventricles of brain distended with fluid mixed with a purulent-looking substance. On the inferior aspect of the cerebellum and medulla oblongata was a copious deposit of lymph, from one-fourth to three-eighths of an inch in thickness, having a lobulated appearance and being quite firm. There was also a slight deposit of lymph in some of the fissures. *Thorax*—Heart normal. Lungs healthy, with exception of slight congestion of posterior lobes. *Abdomen*—Liver, stomach, spleen, pancreas, kidneys and bladder natural in size and healthy. Peyer's glands very much thickened, and, in one or two instances, ulcerated. The solitary glands somewhat enlarged.

Further illustrations will be given in a future paper.

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In its *mode of attack*, the disease was commonly sudden and without premonition, the patient, for the most part, continuing on duty and making no complaints till the very day of his seizure. Some of the most violent cases thus commenced; Case XII, previously cited, is in point, where the soldier appeared with his company at the evening dress parade, complained of chilliness, headache, &c., during the night, and was dead within thirty-six hours following. And the subjects of the disease, in most cases, were those previously in the full-

ness of robust health—between the ages of 18 and 24—who had endured hardships and exposures with impunity.

The *symptoms* were, at the first, headache, referred oftentimes to the back part of the head particularly, with dizziness—pain in the back and limbs, this last occasionally of an excruciating character—with sometimes rigors, and nausea and vomiting. Chilliness, rather a well-defined chill, characterized the accession of the disease. A peculiar stiffness in the muscles of the face and neck was often an early symptom; this would be followed by local spasms, perversion of vision, &c. In some cases the initiatory symptoms were those of a severe cold, with a disposition to paralysis of the tongue and a portion of the muscles of the face. With this the respiration would be difficult and irregular, giving occasion to fear a congestive attack of the lungs. There was often tenderness at the nape of the neck and along the spine early in the disease. The skin was usually moist, but hot. The face was suffused—often of a dusky hue—and the features distorted in the manner before mentioned—the eyes congested and suffused. There was not, for the most part, active delirium—but perversion of intelligence rather, and dullness and indifference to outward objects, from which condition the patient could be roused and made to answer questions consciously. The tongue had, at first, a white creamy coat, which, in the course of the disease, became yellowish or brown at centre and base, more rarely dry and cracked towards the close. There was loss of appetite, but usually not very urgent thirst. The heart's action was irregular, sometimes tumultuous, to which the pulse did not always respond, being mostly accelerated, but not strong—occasionally intermittent. The bowels were regular, or inclined to diarrhœa and costiveness by turns. Petechiæ were not an unfrequent manifestation—in appearance almost identical with the true typhus eruption, and like that seen upon every part of the body except the face—persistent on pressure, varying in hue from the darkest aspect of the measles to that of the true petechial spots imbedded in the skin. Purpural spots, abundant and of large size, were sometimes present, and were always a grave symptom. There was no marked tenderness of the epigastrium or abdomen. In the cases of longer duration, there was, in the last stages, sordes on the teeth and lips, and involuntary evacuations of urine and fæces. The patients often die without much symptoms of exhaustion. The decubitus was mainly on the side, with the head not unfrequently thrown back—the neck rigid and stiff

—a partial opisthotonos. There was uniformly great restlessness and jactitation. As an accompaniment and occasionally a sequel to the disease, iritis was several times observed. So, also, was synovitis—and, in one instance, pericarditis. The above are among the more prominent and constant symptoms —but there was a considerable diversity in the manifestations of the disease during its progress, whether towards a favorable or fatal result; in no one case do I remember to have seen even a majority of those I have enumerated present.

Singular and anomalous symptoms were sometimes noticed. Dr. Jewett, Surgeon of the 51st Mass. Regt., to whom I am indebted for a clear and able account of the disease, as it occurred in the troops under his care, reports that, "in a single case, a pleasing delirium was noticed, with loquacity and decidedly erotic desires, accompanied with priapism more or less extensive during the greater part of the disease." This peculiarity, he adds, was noticed in about one-third of his cases. Dr. Cowgill alludes to the same fact. Dr. Jewett noticed the decubitus upon the dorsum among fourteen cases which occurred in the 51st Mass. Reg. in but a single instance. "In all the others," he observes, "the patients lay upon the side till near the close of life." "In a few cases, and those the most severe ones," he also remarks, "no moan or sound of any kind escaped the patient, but there was a fearful restlessness which ceased only at death; in others there was much moaning." Stiffness of the muscles of the face, before alluded to, amounting at times to spasm, was almost pathognomonic. In some form, this affection was present in nearly all the cases sent in by Dr. Ware; it was common in those treated in Academy Hospital. Dr. Jewett speaks of it as being present in fully one-third of the cases which came under his observation, "there being," as he says, "more or less stiffness of the muscles of the neck and back, with opisthotonos—in one case paralysis of the glosso-pharyngeal nerve, and in two others eversion of the eyes and occasional squinting."

The *duration* of the affection varied from a period of less than thirty-six hours, to that of three, four or six weeks, and even longer. According to my own observation, the more usual duration has been from three or four to seven days.—*Boston Medical Journal.*

STRYCHNIA AS A POISON.

By THOS. D. MITCHELL, M. D., Professor of Materia Medica and Therapeutics, in Jefferson Medical College, Philadelphia.

But a few years ago, no antidote for the poisonous action of strychnia was known, the treatment being purely remedial, and in no sense, chemical. The spasms or jerks were often attempted to be controlled by what we usually style, antispasmodics, and such articles were passed into the stomach as are called demulcents, emollients and the like. As a matter of course, the patients generally died, after a brief period of terrible suffering.

In later years, the use of this poison has very greatly increased, partly because of the smallness of the dose, and partly because of the easy methods of concealing its administration. The multiplication of cases, however, has led to a more perfect understanding of its action, and the means of controlling its fatal tendency have had a corresponding increase, so that now we have abundant facilities for meeting the worst cases.

It not unfrequently happens that an individual who has attempted self-destruction by this agency, very soon after the poisonous symptoms develope themselves, announce the reality of his condition, so that the poison being certainly known, we have no difficulty in combatting it. In other cases, no such information can be had, and then we must rely on those marked, prominent signs present, which no practiced eye can ever mistake. The *tetanic jerks or spasms* speaking for themselves, need no interpreter. The physician who is rightly informed understands all this, and decides on instant and vigorous action. He empties the stomach at once, by repeated use of the pump, or by means of a prompt emetic, as of ten grains of sulphate of zinc or sulphate of copper, every ten minutes, until the organ is thoroughly evacuated.

As to the query, "how much strychnia will kill an adult," no fixed answer can be given. Very much depends on the fullness or emptiness of the stomach at the time of swallowing the dose, not a little likewise is due to the previous habits of the patient, the morbid or healthful state of the system, &c. But when a physician is at the bedside of one who is actually under the influence of the poison, after evacuating the stomach

as fully as may be, he must lose not a moment in administering the antidote.

The following facts are recited in my lecture on strychnia, at every session, and are now presented to the public in a group, for the purpose of furnishing the profession at large, with an array of means that will be found entirely adequate to any emergency.

Tannic acid and iodine were, for a time, almost the only proper antidotes in use. Both have succeeded, and are therefore reliable. *Braithwaite's Retrospect, part* 42, *page* 311, has evidence in point. The acid may be given dissolved in water, *ad libitum*; at least an ounce should be put in a quart of water, to be drank freely and largely. The use of it forms an insoluble and inert tannate of strychnia.

The tincture of iodine has also proved decidedly antidotal. Give twenty drops in mucilage of gum arabic or sugared water, at once, and in ten minutes after, thirty drops, and, if need be, forty drops for the next dose. This administration controls the spasms, and the patient is safe. An insoluble and inert hydriodate of strychnia is formed in this instance. See *Braithwaite, part* 41, *page* 62.

The *Vermont Caledonian*, July, 1857, says that ninety grains of strychnia were swallowed by a man, in half a pint of strong gin, without his knowledge that the poison was present. As soon as the discovery was made, an emetic was resorted to, and recovery ensued. In this case, we have a manifest instance of the antagonism of poison to poison. The gin alone was competent to kill, and no one can doubt as to the potency of such a mammoth dose of strychnia, *per se*.

A case not very unlike the above is also given. A man who was perfectly drunk under the use of rum, swallowed sixty grains of strychnia at a dose. He recovered. In this instance, as in the other, the alcoholic spirit and the strychnia were antagonistic poisons, either alone having abundant power to kill. Ordinarily, one grain of the alkaloid would destroy life, if there existed no morbid condition to counteract it.

Camphor has also been found to have an antidotal power; how, in a strict chemical sense, is not, perhaps, well understood. Dr. Claiborne, of Petersburgh, Virginia, reports the case of a man aged thirty, who took two grains of strychnia. In forty minutes he was seen to be laboring under severe jerks or spasms, which continued nearly two hours, almost incessantly. Respiration and deglutition were nearly impracticable. Very large doses of camphor were exhibited, amounting altogether to 60 grains in less than an hour. Recovery ensued.

Sulphate of morphia is another antidote, and, of course, opium would prove so. In the *Western Lancet*, Dr. Phillips gives the case of a lady who was poisoned by swallowing three grains of strychnia at a dose, in mistake for sulphate of morphia, which she had long used for a spasmodic affection, and the dose of which had been gradually augmented. On making the discovery, the lady was placed in a very warm bath, and in less than two hours, she was made to swallow five grains of the morphia salt. The action of the poison was completely arrested and she recovered.

Chloroform was resorted to by Dr. Jewett, of Boston, (see *Boston M. and S. Journal*) in a boy aged 15, who in mistake swallowed two grains of strychnia. Medical aid was not procured until half an hour after the accident, when the jerks were violent and deglutition almost impracticable. He was relieved by the inhalation of chloroform, for ten minutes, and partial anæsthesia kept up for four hours saved him.

The case reported by Dr. O'Reilly, of St. Louis, is too well known to be detailed here. He saved a patient fully poisoned by strychnia, by the exhibition of table spoonful doses of tobacco. The following experiments, reported in the Dublin *Hospital Gazette*, Dec. 8, 1856, aro in point: Two baths were made, each having five ounces of water, one of them five grains of strychnia, the other five grains of pure nicotina (a most terrible poison and the proximate principle of tobacco). In one of the baths, a frog lived four minutes. A similar frog put in the other, lived one minute. The two baths were then mixed, so that the water now held the strychnia and nicotina in solution. A frog, in all respects like the others, was put into the mixed bath and appeared to be very little injured at the end of 47 minutes, and it did not die till 24 hours had elapsed. The antagonism of the strychnia and nicotina is so obvious, that we need not stop to speak of it.

Still more recently we have an account of the antidotal power of *Hydrocyanic Acid* in the *Medical Times and Gazette* of August 6, 1859. We remark, in passing, that this acid is more speedily fatal than strychnia.

A physician owned a favorite dog, now become mangy and so offensive, that it was decided to kill him with strychnia. An ample portion was given to the beast, but it only set up terrible jerks, without speedily killing, as was anticipated. To relieve the dog from his torture, a drachm of strong hydrocyanic acid was given in a saucer of milk. The whole was lapped up speedily, and soon the animal vomited, got on his legs,

ran off a considerable distance and recovered. Here was a most obvious antagonism.

The last antidote to be named is *Arsenious Acid.* On the next day after my lecture on this subject, thre · years ago, Surgeon Judson, of the U. S. Navy, handed me a printed slip, taken from *Bell's Life in Sydney*, which shows conclusively, that so terrible a poison as arsenic can control the poisonous action of strychnia. A farmer's grounds were much infested with crows, and to get rid of the pest, he shot an opossum, cut into its body and placed in the cavities a large quantity of strychnia. The opossum thus prepared was hung to the fork of a tree. A favorite sheep dog, attracted by the stranger in the tree, made out, by vigorous efforts, to grasp it, and then to eat freely of the meat. Very soon, he was thrown into tetanic jerks of great severity. The owner resolved to put a period to the animal's suffering by the use of arsenic, a large spoonful blended with water was passed down the throat. Presently the dog was evidently more quiet; the jerks soon ceased, and in one hour recovery was complete.

In this brief paper we have no less than ten articles, each of which is capable of counteracting the poisonous action of Strdchnia, viz: Gin, Rum, Tannin, Iodine, Sulphate of Morphia, Chloroform, Tobacco, Hydrocyanic Acid, Camphor and Arsenic.

Purposely, we have passed over the *modus operandi*, as well as the tests of strychnia, partly because these are of less practical moment to the profession at large, than the immediate treatment of cases; and also because those points have been, as we think, fully met by the wide publication of the celebrated *Palmer* case (in London), and by the numerous essays growing out of that affair. Our main design was to furnish practitioners with such a birds-eye view of the reliable means for the arrest of the poisonous action of strychnia, as can be foond in no volume known to the profession.

Before we dismiss this interesting subject, it may be well to group the points involved in the question, "how much of any poison is competent to destroy life?" This is the more important in view of the obvious lack of information just here.

The points that cross our path in attempting a direct answer to the question cited are:

1st. The purity or worthlessness of the article. Ten drops of Croton oil, we are told, did not seriously hurt a child ten years old, although given at one dose. The oil, however, was very largely adulterated with another oil, and so made harm-

less. So too, spoiled digitalis leaves, or leaves from a plant raised in soil unfriendly to its perfection, are inert in any dose. Extract of belladonna, utterly decomposed by excessive heat employed in its preparation, would hurt no one in drachm doses.

2d. The condition of the stomach, as to fulness or emptiness. Two men, of the same age and vigor took each an ounce of laudanum on the same day. Both had medical aid in two hours after the accident. The one died, while the other speedily recovered. The full stomach of the one and the empty stomach of the other, accounted for the difference. The one took the poison an hour before the usual dinner time, the other, an hour after he had dined.

3d. The presence in the system, either in the body or mind, of a potent counter-agent, calculated to antagonise the poisonous dose.

The antidotes, named above, for a poisonous dose of strychnia, are in point. The strychnia and the antidote were mutual antagonistics. So too, the case reported in a foreign journal many years ago, of a medical student who, in a fit of desperation amounting to insanity, swallowed twenty grains of acetate of morphia. The terrible mental excitement of the man absolutely controlled the agency of the mammoth opiate dose, and he was restored although not visited until two hours had elapsed. The presence of a full dose of liquid chloride of soda in the stomach of the *Fire King* or American Buffoon as he was called, saved the man from the poisonous action of a drachm of hydrocyanic acid swallowed in the presence of hundreds of wondering spectators, and it is on the very same principle that alcoholic spirit taken until complete intoxication results, is a well known expedient to save life after the bite of the most venomous serpent. The bane and the antidote are perfect antagonists. While, therefore, one grain of any known poison might kill an adult in full health and with an empty stomach, another person of the same age might swallow, with comparative impunity, ten or twenty grains of the same poison, under circumstances such as those above stated.

1009 Clinton St., May, 1863.—*Canada Lancet.*

☞ Business letters to the JOURNAL should be addressed to Dr. E. INGALS, Chicago, Ills., P. O. Drawer 5787. When money is received a receipt will be returned with the next number of the JOURNAL, and subscribers failing to get such receipt will confer a favor by giving us notice of the omission.

MEETING OF THE "AMERICAN" MEDICAL ASSOCIATION.

Agreeably to the notice issued by the Chairman of the Committee of Arrangements, several of the States were represented in a convention in this city Tuesday, June 3d inst.

The convention was called to order at 11 o'clock by Wilson Jewell, of Pennsylvania, the First Vice President of the Association during the last three years. Officers occupied seats on the platform, with the exception of the President, who is deceased, and those from the seceding States. The following are the gentlemen who have held office since the year 1860:

President—Eli Ives, Connecticut.

Vice Presidents—Wilson Jewell, Pennsylvania; A. B. Palmer, Michigan; R. D. Arnold, Georgia; Joseph N. McDowell, Missouri.

Secretaries—S. G. Hubbard, Connecticut; H. A. Johnson, Illinois.

Treasurer—Caspar Wister, Pennsylvania.

Rev. R. L. Collier, pastor of the Wabash Avenue Methodist Episcopal Church, then invoked the Divine blessing upon the deliberations of the association.

The chairman of the Committee of Arrangements then welcomed the delegates in attendance, and read a report for the committee, giving their reason for its postponement the two previous years, and his for its assemblage at the present time. The report was adopted. The following delegates reported:

Vermont—G. N. Stiles, Lewis Emmons.

Massachusetts—Henry Cutter, Appleton Thorne, Edward Barton, James P. Lynde, Ebenezer Stone, P. J. Kendall, Benj. E. Cotting, Joshua Homans, John C. Dalton, M. D. Southwick, E. P. Abbe, John Green.

New York—Henry G. Davis, Guido Furman, Alden March, Daniel P. Bissel, James S. Whaley, Thomas C. Brinsmade, J. S. Sprague, C. C. F. Fay, Edward Hook, E. S. F. Arnold, E. W. Cherry, W. N. Blakeman, Howard Townsend, H. Nicholl, E. Tobie, H. S. Downs, C. C. Wyckoff, Alf. Underhill, J. H. Griscom, L. B. Cotes, Julius Homberger, C. H. Harvey, James McNaughton, Danl. Holmes.

Connecticut—Stephen G. Hubbard, L. N. Beardsley, B. H. Catlin, A. W. Barrows.

New Jersey—Wm. Pierson, Jr., D. M. Sayre, John Blain, Isaac S. Cramer.

Delaware—H. F. Askew, James Cooper.

Pennsylvania—Wilson Jewell, Wm. Mayberry, Edward Wallace, B. Richardson, John R. Thomas, E. H. Mason, Wm. L. Richardson, T. N. Trotz.

Virginia—J. C. Hupp.

Ohio—W. S. Battles, J. M. Taggert, W. W. Jones, A. H. Agard, K. G. Thomas, S. O. Almy, L. N. Lawson, W. B. Davis.

Indiana—B. S. Woodworth, A. M. Vickery, A. J. Erwin, A. P. Ferris, L. D. Personett, James Ferris, S. A. Freeman, L. D. Glazebrook, James F. Hibbard.

Michigan—A. B. Palmer, E. A. Egerry, H. O. Hitchcock, S. D. Richardson, Lewis Davenport.

Illinois—E. L. Holmes, Geo. K. Amerman, Edward Andrews, John Ten Broek, C. R. Parks, T. D. Fisher, Geo. W. Hall, David Prince, E. Andrews, N. Wright, W. O. Chamberlain, J. P. Ross, E. A. Steele, A. Fisher, M. J. Johnson, J. H. Hollister, D. Pierson, M. F. Dewitt, S. Wickersham, J. D. Rose, Henry Wing, Chas. Gorham, S. W. Noble, L. A. Hatch, T. F. Worrell, T. P. Haller, H. A. Johnson, R Spitler, G. Paoli, H. Noble, D. M. Tarker, Orrin Smith, A. J. Craine, T. K. Edmiston, J. J. Lulee.

Wisconsin—Chas. L. Stoddert, H. Adams, Hermon Van Dusen, E. S. Carr, Geo. D. Wilber.

Iowa—J. W. H. Baker, Samuel C. Lay, Jos. Sprague, D. L. McGugin.

Kansas—D. W. Stormont, C. A. Logan.

Tennessee—W. K. Boring.

Army and Navy—C. C. Cox, G. Simpson, A. R. Terry, John B. Porter, Benj. Palmer, M. K. Taylor, Ralph Isham.

The secretary then stated that the delegates could procure free return tickets by connecting themselves with the great canal convention, in session in the city, as delegates.

The delegates from the several States then resolved themselves into sub-committees, and appointed their representatives on the committee for the nomination of officers as follows:

Vermont, J. N. Stiles; *Massachusetts*, John Homans; *Connecticut*, L. N. Beardsley; *New York*, Jos. McNaugeton; *New*

Jersey, John Blain; *Delaware*, H. F. Askew; *Ohio*, W. S. Battles; *Indiana*, James F. Hibbard; *Pennsylvania*, Wm. Mayberry; *Michigan*, H. O. Hitchcock; *Kansas*, D. W. Stormont; *Virginia*, John C. Hupp; *Iowa*, J. H. W. Baker; *Wisconsin*, H. Van Dusen; *Illinois*, H. Noble; *Tennessee*, W. K. Boring; *Maryland*, Dr. Cox; *The Army*, Josiah Simmons.

The retiring Acting President, Dr. W. Jewell, then delivered his valedictory address, in which he alluded to the present unhappy condition of the country; paid an eloquent tribute to the memory of the deceased President, Dr. Eli Ives; adverted to the history of the Association, and urged especially upon their attention the subject of Hygiene.

The address was exceedingly well received, and the thanks of the convention voted the author.

Drs. Walter Hay, Thomas Bevan, John McAllister, John Bartlett, M. O. Heydock, Neil P. Peterson, R. C. Hamill, H. N. Hurlbut, and H. Webster Jones, of Chicago; E. C. Lardner, of Vermont; S. W. Bicknell, Beloit; E. W. Jenks, of Sturges; Henry Durham, La Salle; Silas Earle, Onarga; and W. W. Sedgewick, of Sandwich, were elected permanent members, and the following as members by invitation: A. L. Merriam, Sandwich, Ill.; L. D. Glazebrook, St. Pierre, Ind.

The President then appointed Drs. Pearson, Beardsley, and Cutler, to draft resolutions expressive of the sense of the association respecting the death of the late President.

The convention then adjourned till 3 o'clock.

AFTERNOON.—The convention reassembled at 3 o'clock, and the Committee on Nominations was called upon to make their report. They recommended the following for officers:

President—Dr. Alden March, of New York.

Vice Presidents—Drs. James Cooper, of Delaware; David Prince, of Illinois; C. C. Cox, of Maryland; and E. S. Carr, of Wisconsin.

Treasurer—Dr. Caspar Wistar, of Philadelphia.

REPORT OF THE TREASURER.

The report of the Treasurer was read by Dr. Haskell, of Delaware, the Treasurer being unable to attend. He reported

that, owing to the unsettled state of the country and the advanced price of printing, it would be necessary to print only such papers as were of great value, and to condense those as much as possible, or the treasury could not bear the cost. The proceeds of volumes sold were $1,982.25. Balance on hand this year, $504.21. The report was adopted.

The Committee on Publication reported the result of their labors during the year and the number of volumes now in their possession. The report was accepted.

Samuel R. Percy, M. D., Prof. Mat. Med, &c., in the N. Y. Medical College, was announced as the author of an Essay to which the usual prize was to be awarded. Subject—Veratrum Viride and its alkaloid Veratria. Ordered to be printed in the transactions.

Dr. E. K. Squibb, of N. Y., was allowed until the next meeting to report on the "Practical Workings of the U. S. Law relating to the inspection of drugs and medicines."

Other committees were also continued.

Dr. A. K. Gardner, of N. Y., presented a paper on the "Use and Abuse of Pessaries."

The Committee on the Hunter Memorial reported $357 contributed in one-dollar subscriptions.

The Committee of Arrangements proposed the following gentlemen to be elected as permanent members:

Drs. Daniel B. Brengle, Manchester; Van Courtland Secord, Galena; J. B. Samuel, Carrolton; David Dodge, Chicago; James S. King, Lemont; D. F. Crouse, Mount Carroll; all of Illinois. The nominations were confirmed.

THE USE OF MERCURY BY THE ARMY SURGEONS.

Dr. Lawson called attention to the recent order of the Surgeon General prohibiting the use of mercurials and tartarized antimony by the army Surgical corps. He moved that the society express its disapprobation of the order. The subject was referred to a committee, with instructions to inquire into the facts and report, the committee to consist of one member from each state.

MEDICAL PROVISION FOR RAILROAD ACCIDENTS.

Remarks were then made by Dr. Arnold, of New York, on the necessity of making medical provision for railroad accidents. He distributed printed copies of papers read by him before the State Medical Society and the Academy of Medicine, both of New York.

ARMY SURGEONS.

Dr. Cox called attention to the want of a recognition of army Surgeons, and urged that relative rank should be accorded to them. At present it was not possible for a Surgeon to rise above the rank of major. He therefore offered the following resolution:

Resolved, That a committee of five be appointed by the chair to draft a memorial to Congress asking the enactment of a law by which Surgeons in the service of the United States army may be accorded relative rank in the same.

Resolved, That each medical gentleman present be urgently invited to use every proper influence with the members of Congress from his respective district, to urge the passage of a law, favorable to this object, at the ensuing session of Congress.

JUNE 3.—The following gentlemen were admitted as members of the Association, by invitation:

Dr. J. H. Foster, Libertyville, Ill.; W. G. Millar, Rockford, Ill.; J. A. Brown, Kankakee City, Ill.

The following permanent members of the Association were elected:

Tiffin Sinks, Leavenworth, Kansas; W. C. Hall, Fayetteville, O.; Hiram Wanzer, Chicago, Ill.; H. K. Dean, Maunkport, Ind.; H. C. Robbins, Newark, Ill.; E. J. Duffield, Woodstock, Ill.; W. Jaynes, Yankton, Dakota Ter.; C. M. Clark, Galva, Ill.

New York City was selected as the next place of meeting.

A committee was appointed to report on the army ambulance system.

A resolution on Compulsory Vaccination was referred to a committee.

The Committee on Voluntary Communications presented the abstract of a paper by Prof. E. Andrews, on "Diatheses—their Surgical Relations"—referred to Com. of Publication.

The meeting by sections was abolished.

AFTERNOON.—Dr. D. J. McGowan addressed the Convention on medical matters in China and Japan.

The following physicians were elected permanent members:

I. B. Buchtell, South Bend, Ind.; C. Truesdale, Rock Island, Ill.; W. R. Fox, Wilmington, Ill.; L. F. Warner, and M. Parker, of Chicago. Drs. L. T. Hewins, Oak Alla, Wis., and C. J. Taggart, Beloit, were elected members by invitation.

Dr. C. C. Cox, from the Committee on Medical Education, read an able scientific paper on the subject, reviewing the past history of the profession in this respect, and the absence of proper attention to the subject. Many valuable suggestions as to needed improvements, were also made. After the rendering of this report the Committee submitted the following resolutions, which after discussion were adopted:

Resolved, That a thorough preliminary education in English, Latin, mathematics and physics, constitutes an essential pre-requisite to the admission of a student of medicine into the office of a medical preceptor, or as a matriculent of a respectable medical college.

Resolved, That the advancement of medical education demands a more extended and symmetrical course of instruction in the colleges, and a more thorough and impartial examination for the degree of doctor of medicine than at present prevail.

Resolved, That Medical Jurisprudence and Hygeine are highly important branches of Medical Science, deserving the careful consideration of all medical teachers and schools.

Resolved, That societies for medical improvement—State, district and county, are important auxiliaries to the advancement and promotion of science, and are therefore highly recommended by this body, as valuable levers in the cause of medical education.

The Committee on the Surgeon General's Order (Dr. Lawson's motion) brought in a majority and minority report, which were respectively discussed in animated language.

JUNE 4.—The following gentlemen were admitted members by invitation:

Isaac Snyder, Jackson, Mich.; *R. B. Treat*, Janesville, Wis.

The following were admitted as permanent members:

Granville S. Thomas, Joliet, Ill.; J. S. Pashley, Osceola, Ill.

Dr. Cox, of the army, announced the sudden departure of Dr. Wilson Jewell, of Pennsylvania, caused by receiving intelligence of the unexpected death of a son, and offered a resolution of condolence which was adopted.

Regular business being in order, the reports of Committees were taken up.

Dr. Gilbert, of the army, in behalf of the Committee on the Extinction of the Aboriginal Races, reported progress, and on motion, the Committee was continued another year.

The resolutions with reference to the Surgeon General's Order were taken up. Dr. Cox, of the army, explained the apparent necessity of the order. The discussion became general, but eventually the report of the majority of the committee, with their appended resolutions, understood to be from the pen of Prof. Lawson, the chairman, were adopted. The resolutions are as follows:

Resolved, That from evidence within our possession, we can but entertain the conviction that the Surgeon General of the U. S. Army has been led into expressions, in Order No. 6, which will convey errors respecting the abuse of calomel in the army, and we feel called upon to protect, so far as in our power, the reputation of the intelligent and self-sacrificing medical officers, from the implied imputation of such general mal-practice.

Resolved, That while regarding spanæmic medicines, particularly calomel and tartar emetic, when freely administered to soldiers in the field, the camp or hospital, where unfavorable hygienic conditions so commonly cause depressed and asthenic conditions of the system, as being very often productive of injuries; yet that these articles, when judiciously employed, are useful, is a proposition according with the general opinion of the profession; and as abuse of an article is no just argument against its proper use, it is, in the judgment of this body, to be regretted that the object of correct-

ing these abuses was not sought to be effected by an order of caution on the subject, and by dismissing from the service those disregarding such caution, and not by the extraordinary and, as we think, unjustifiable course of attempting to prevent, entirely, the use of articles, though liable to abuse, as are all other powerful agents, yet which are well established in professional confidence as capable of useful application.

On motion, it was resolved that a copy of the above resolutions be forwarded to the President of the United States, the Surgeon General United States Army, and the Secretary of War.

The Nominating Committee reported back the following officers of the Association for the present year:

Secretaries—Drs. H. A. Johnson, Ill.; Guido Furman, N. Y.

Committee of Arrangements—Drs. James Andrews, N. Blakeman, T. M. Markoe, T. C. Finnell, Austin Flint, Jr., E. S. F. Arnold, J. H. Griscom.

Committee on Prize Essays—Drs. D. F. Condie, Pa.; E. Wallace, do.; Wilson Jewell, do; E. R. Peaslee, N. Y.; Alfred Stille, Pa.

Committee on Medical Education—Drs. J. C. Dalton, N. Y.; M. L. Linton, Mo.; John Frissell, Va.; Howard Townsend, N. Y.; W. H. Byford, Ill.

Committee on Medical Literature—Drs. L. M. Lawson, Ohio; E. L. McGugin, Iowa; William Mayberry, H. Noble, Ill.; John Homans, Mass.

Committee on Publication—Drs. F. G. Smith, Chairman, Pa.; Caspar Wistar, do.; Ed. Hartshorne, do; H. S. Askew, Del.; S. G. Hubbard, Conn.; H. A. Johnson, Ill.; Guido Furman, N. Y.

Committee on Insanity—Drs. Ralph Hills, Ohio; C. H. Nichols, D. C.; D. P. Bissell, N. Y.; S. W. Butler, Pa.; John S. Butler, Conn.

Dr. H. G. Davis commenced reading a paper on "The American Method of Treating Joint Diseases and Deformities," which was referred to the Committee of Publication, and its further reading suspended.

Dr. Hamburger read a paper upon the use of the laryngoscope, exhibiting the instruments, and another upon a case of disappearance of the iris behind the lens. Referred to Committee of Publication.

The paper of Dr. Griscom, on a case of diarrhœa adiposa, (read on Thursday afternoon,) was, on motion of Dr. Furman, referred to the Committee of Publication.

Dr. A. Fisher read a paper on the use of the sulphites of lime and soda in the treatment of hospital gangrene, phlebitis, erysipelas, and other zymotic diseases. On motion, the paper was referred to a committee of three, of which the author is chairman, to continue his investigation, and report next year.

Dr. Cox, of the Army, offered two resolutions—one of thanks to the citizens of Chicago, for their kindness and hospitality shown to the members of the Association during its sessions here, and another of thanks to the retiring Secretary, Dr. Hubbard, for his able and faithful services.

The amendments to the Constitution of the Association, proposed at the last meeting, were called up and discussed, and so far carried as to fix the time of the next meeting on the first Tuesday of next June.

A complimentary resolution, thanking the President and Secretary for their services, was adopted.

The following gentlemen, on motion of the Committee of Arrangements were elected permanent members of the Association:

L. H. Cary, Toledo, Iowa; Horatio Hitchcock, Chicago; L. F. Warne, do.; L. P. Cheney, do.; C. W. Shumway, do.

Afternoon.—Several committees were allowed further time to report. Dr. N. S. Davis offered an amendment to the Constitution, providing for the election of a Permanent Secretary.

The following resolution was offered by Dr. Arnold and passed:

Whereas, The railroad is fast becoming the great medium of land travel in all parts of the world; and whereas, in spite of all regulations and care, serious accidents are continually occurring, attended with loss of life, such being greatly augmented by the total want of any local medical provision to meet such, as well as by the absence of any appliances what-

ever, calculated to strengthen the hands of the surgeon; therefore, be it

Resolved, That such medical provision should be made by railroads; that by the diminution of suffering, as well as by the saving of life, while economy would acrue to the railroad companies, the interests of humanity would be greatly served.

A lengthy memorial was received and read from the special committee appointed to address Congress in relation to the rank and the pay of army surgeons. On motion, the report was accepted and adopted.

On motion, the Secretary was instructed to have the memorial printed, and to send copies of the same to public officers at Washington.

After some further proceedings of an informal nature, the Convention adjourned.

EDITORIAL AND MISCELLANEOUS.

The Surgeon General's Order—Calomel and Antimony.—We admit to our pages, the present number, an earnest protest against the recent remarkable order of the Surgeon General. The writer wears a name well known to the profession—one which it has delighted to honor, and his remarks are worthy of full consideration. We reserve at present any comment either upon the famous order or the observations of our correspondent. Only these things we must be permitted now to say:

Our readers will bear us witness that; from the hour Nurse Yates sent a communication to the *Chicago Tribune*, calling upon the benevolent for a donation of rags to absorb the abominable flux from the salivation of the soldiery at Cairo, we have ever opposed this infernal practice in the army.

In our place in Rush Medical College, as teacher of the Practice of Medicine (and we know the Professor of Surgery has done the same), we have inculcated principles wholly at war with this prostitution and abuse of these energetic remedies.

So long as the standard treatises on the Practice of Medicine, at the head of which in this country stands that of Wood, inculcate scarcely any other treatment for disease save blood-

letting and other antiphlogistics, with mercurialization as the constant agency, the actual cautery must be applied to check the spread of this phagædenic ulcer of the medical body corporate. It is a bold and radical measure—we are not to-day prepared to say it is wholly unwarrantable. Let it be observed—the use of these potent remedies is not interdicted, and we are not now ready to say that either of them has "virtues which plead like angels trumpet-tongued against the deep damnation of their taking off"—from the "supply table." But more anon.

Meeting of the "American" Medical Association.—Medical gentlemen representing several of the States met in this city a few days since, and nominally constituted a convention of the American Medical Association. Many of those in attendance supposed that the bold responsibility assumed by the Chairman of the Committee of Arrangements, was warranted and compulsory upon the organization. Others feared that if the meeting failed in point of numbers it would prove the funeral of the Association, and to prevent this they smothered their objections to the irregular usurpation of power which called the meeting, and met with the rest.

We shall have something to say about this meeting in a subsequent number of the Journal. *Now* we only say these things:

Meeting socially a large number of the delegates in attendance, we found but very few who did not regret the convening of the association at this time.

No important object whatsoever was accomplished by the gathering. There never has been a meeting of the association so generally ignored by the leading members of the profession throughout the country.

Its prominent act was a wholly gratuitous attack on the Sorgeon General of the Army, an action which in its animus and results can only tend to bring the profession into contempt.

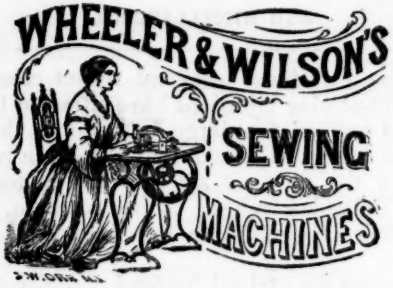
Politics and the canal convention were more talked and considered than medicine. Nevertheless, it still illustrated the strong good sense ,which is the glory of the profession by developing its opinion of the course taken by certain parties to this ill-timed call—even ignoring all precedent and custom in electing to offices and appointing to committees, only those who had nothing to do with the call. Truly, "the engineer was hoist with his own petard."

Intra-Uterine Injections.—Several recent cases of sudden death from intra-uterine injections have attracted the attention, not only of the profession at large, but even of the specialists. The same time it was supposed that the death resulted from the passage of the fluid or air into the abdominal cavity through the Fallopian tubes. More accurate observations have shown that it arose from introduction of air into the uterine sinuses.

The abortionists ascertained by fatal experience that puncturing the membranes was not only uncertain and tedious, but liable to the disagreeable accident of puncturing the uterus or even the iliac artery. The better posted class thereupon resorted to injections of carbonic acid, of air, of water or other fluid—the result was in either case now and then a death suddenly—in the first two cases from intentional introduction of air into the uterine cavity, and in the second place from defective apparatus or manipulation.

We have the details of a case occurring in a large interior village of an adjoining state, a few weeks since, where the abortionist went to the house (at the request of husband and wife conjointly) and in half an hour thereafter the patient breathed her last. *Ten minutes after the abortionist went into the room to manipulate, the patient was dead. Post mortem* proved the presence of air in the heart. It came out at the Coroner's inquest that the brutal quack (not a physician though practicing as an *ismatic*) introduced a catheter or uterine trochar into the uterus and just before withdrawing it *blew forcibly through it into the uterus.* The victim immediately screamed out, became livid in the face, gasped and was dead. This was the rascal's own confession to the husband on the spot. Details of the case will be given after the case has gone upon its trial in the criminal court.

Books Received.—Cazeaux's Midwifery; Bond's Dental Medicines; Bowman's Medical Chemistry; Medical Student's Vade Mecum; Headland's Action of Medicine; Packard's Minor Surgery; Hamilton on Fractures and Dislocations. Notices next month.



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